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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Substitute for form 1449A/PTO INFORMATION DISCLOSURE Complete if Known **Application Number** STATEMENT BY APPLICANT 09/488,345 **Filing Date** January 20, 2000 **First Named Inventor** Getsin, Evengiy **Art Unit** 2623 **Examiner Name** Raman, Usha (Use as many sheets as necessary) Attorney Docket No: 68617 8017

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Examiner Initials*	Cite No <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²
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				Filing Date	January 20, 2000
				First Named Inventor	Getsin, Evengiy
				Art Unit	2623
				Examiner Name	Raman, Usha
(	'Use as many she	eets as necessary)		,	
Sheet	2	of	2	Attorney Docket No: 68617 8017	

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